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ABSTRACT

The main purpose of Avance-San Antonio, Inc. is to strengthen and support families, especially "high risk" Mexican American families, and to help to prevent child abuse and neglect through parenting education services. Avance actively reaches out to the Hispanic population in their own neighborhoods through door-to-door recruiting, flyers, and "word of mouth" communication. The Avance services provide a nine-month comprehensive parenting education program for both parents and their children under four years, consisting of both center-based and home-based activities. Center-based activities for the children include day care services which provide language stimulation activities; a well-balanced, nutritious lunch program; and interaction with other children and caregivers. Center-based activities for the parents (usually mothers) include toy-making classes; parenting education classes; support services or resources; and trips to the library and other field trips. The home-based activities consist of home visits in which the Avance staff observes and videotapes the parent interacting with the child in a playing activity in order to determine how much progress is being made in enhancing parenting skills. The home visits also serve to meet the special parenting needs of the participants. Through learning new parenting skills and modifying their parenting behavior, parents are motivated to change the course of events for themselves and their children. (BB)

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PRESENTATION

THE SECOND ANNUAL PARENTING SYMPOSIUM - 1986

PHILADELPHIA, PENNSLYVANIA

TITLE:

MINORITY FAMILIES
PREVENTING CHILD ABUSE & NEGLECT
THROUGH PARENTING EDUCATION

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OBJECTIVES:

1. To gain insights into specific problems relevant to parenting among a high risk Mexican American community.
2. To learn about successful techniquest for servicing the above mentioned population that address parenting deficiences.

DESCRIPTION OF MODEL TO BE PRESENTED

Avance-San Antonio, Inc. is a private, non-profit community-based organization which provides public services in the area of parenting education, adult basic education and college courses to Mexican American AFDC recipients, families who are income-eligible, and those who have been referred for child protective services. The two Avance Parent Education Centers, are under contract to United Way of San Antonio and Bexar County and the City of San Antonio to serve 120 families each month in centers located on the west and southsides of San Antonio. The Westside Center opened in 1973 in the Mirasol Public Housing Project and the Southside Center in 1979. Avance now serves a target population that is according to figures available at the start of Project C.A.N. Prevent-1980, 93% Mexican American with a median income of slightly over $6,000, and a 6.6 grade educational level. The parent population is young -- an average of 19 years old.

BACKGROUND

In 1973, the Zale Foundation of Dallas, Texas provided seed monies to establish Avance in San Antonio. Avance is a Spanish word. MEANING advancement or progress. The main PURPOSE of the agency is to strengthen and support families.

The GOALS are:

1. To familiarize the parent with the basic social, emotional, physical, and cognitive needs of young

children as well as practical ways in which these needs can be met through the family.

2. To provide assistance, information, and support to parents for the purpose of alleviating problems and obstacles that may impede improvement of effective parenting skills.

Direct services have been initiated and structured to address the needs of all children and families but in particular the needs of low-income Hispanics residing in the Avance communities. A survey conducted in 1980 of the target population indicates that the following conditions have existed for at least three generations.

°Poverty

°An 80% high school drop-out rate among the parents

°A high degree of stress and isolation

°Lack of knowledge of Child Growth and Development

°Significantly high potential for child abuse and neglect

°Lack of saleable job skills

The population is considered to be at risk in every sense of the word. The potential for physical abuse and educational neglect is significantly high. Many of the health, human, and educational services which have been established for members of a high risk population oftentimes have not been successful or utilized to their fullest potential by the client. (Family planning, compensatory education, adult basic education, remedial/rehabilitation, economic development, early intervention, health clinics, mental health).

OUTREACH

Many agencies/institutions find it difficult to reach this population and even after successful contacts are made, oftentimes clients from within this population do not continue. Attendance or participation generally is NOT CONSISTENT. The DROP-OUT rate from intervention programs is usually very high.

WHY this high risk population does NOT fully utilize all of the public resources made available to it is generally blamed on the potential user and not the provider: "the potential user does not want it, is not interested, does not care, does not need it." While the provider may make available excellent services, if there is no outreach, if the client does not feel comfortable with the setting, is threatened or intimidated by it, or is totally unfamiliar with it, the average person will not participate in the program being offered.

For a person who is basically secure and has a positive self concept, seeking out new and different experiences that will be beneficial to them is nothing to ask. Interacting with strangers, approaching new environments are social practices expected of everyone. But we are not talking about just "everyone," we are NOT talking about "BASICALLY SECURE" people. We are talking about a high risk population. For service providers that translates into meeting the needs of people who are barely existing - physically, psychologically, socially. It calls for us to challenge and motivate individuals who are helpless, hopeless, and not in control of themselves or their environment. From herein stems the extremely high potential for abuse and neglect. What else do service providers have to do besides "make available services" to such a needy

population? That is what this model answers - what else is needed to not only successfully reach but also cause positive change? In describing the model, I will try to point out key elements which have made a difference in OUTREACH, in MAINTAINING participation, and in creating CHANGE.

One of the first steps involved is REACHING OUT to the people to whom your services are intended. We shall approach it by asking some basic questions continuously asked of Avance. The first of them is "how do you get people to come in?" At Avance, the Parent Child Education Program is for a parent with a child under 4 years of age. There are many parenting education programs throughout our city and the country which offer the same classes as we do, but many have a very difficult time getting people to come in. Avance's classes are full year around. What makes a difference? The difference is that we go to the people, we don't wait for the people to come to us. This is done through door-to-door recruiting.

RECRUITING for this program begins in August and is conducted by the staff in the neighborhoods. All parents with children under 4 years are invited to attend the program. Since the staff is hired from the community and program participants, they feel very comfortable in moving about the neighborhoods.

Flyers have been developed by staff and these are left at every house. Even if there is not a child under 4 living in that house, the chances of someone in that home knowing a potential client are very high.

"Word of mouth" communication has made the difference between success and failure of Avance in the neighborhoods. For every one

person successfully recruited, there is a least one other person brought into the program by a program user: a sister, relative, or friend. Like others, Avance clients feel that it's always better to go somewhere new or different with a person you know.

For those who do not bring in another person with them, it is a matter of time. The people around the program users begin to see the benefits of participation - a new toy every week, field trips, child care while in class, weekly transportation to and from class. Not only is there concrete, visible evidence but also changes begin to occur in the clients. They look forward to a positive experience every week. They learn new and different information and begin to apply it with their children and for themselves. Clients talk about the program with their family and friends - what they do every week and how much they enjoy coming to Avance. By subconsciously testifying in these informal ways to others, program users actually become recruiters for the Avance Program very much in the same fashion as Avance staff persons recruited them. This results in the main sources of clients coming from structured and planned staff recruitment and indirect recruitment from program users.

The year begins in September with about 90 or 100 parents being recruited, and the enrollment stabilizes between 60 to 70 by November. That core group becomes very loyal and committed to the program. From within that core group, some will have to leave due to circumstances beyond their control and usually not out of choice. Those who leave the program after an extended period (3 months or more) will only do so to go to work, relocation, or a crisis in the family preventing active participation (e.g., marital problems, a death in the immediate family, failing health of self or family

member). Oftentimes they come back into the program as soon as they can or at least try to maintain some communication.

There is also a small number of clients who are referred to Avance by protective services or health providers. From within that number (10% or the center's caseload) about half will stay with the services willingly and really begin to change. The other half which are usually court-mandated or state-mandated will attend but resist the intervention and frequently are absent. This may be due to the fact that the model is designed to provide primary prevention measures and not specifically as treatment for confirmed cases of child abuse. In contrast, the Avance Homebound Project was created solely for prevention of re-occurence and has a higher success rate with confirmed abuse cases.

MODEL

Now we move to the next basic question "WHAT ARE THE AVANCE SERVICES or what does the model consist of? In a nutshell, it is a 9 month comprehensive parenting education program for both parents and their children under 4 years, consisting of both center-based and home-based activities. Parents attend class once a week for three hours - 10:00 in the morning to 1:00. These hours allow enough time for the primary caregivers (mothers) to get older children off to school and get back home in time before school is out. Through the years the hours of class varied until it was established which hours yielded the highest participation.

As a side note, the length of the program has also changed. The first 3 years, it was a two year program with summers off and clients attending a two hour weekly session. After the third year

it was decided to change it to a 1 year program with weekly 3 hour sessions. Since the Avance Program Calendar follows the public school calendar, the ten month program was shortened to a nine month program when the public schools changed their starting date to right after Labor Day in September. We have found that the more the times and days accommodate the schedules of the parents, the better the participation will be.

With respect to class days, different groups of parents come to the centers on Tuesday through Friday. Although there is some flexibility on making up an absence on other class days, parents are encouraged to consistently come on the same day of the week. This allows for group identification, acceptance, and cohesion to occur. Once these processes take place, the client is highly unlikely to be changing his class day.

The Avance model is highly structured, providing much PREDICTABILITY, CONSISTENCY, REINFORCEMENT, and FOLLOW-THROUGH. For example, parents must be ready to be picked up at a certain time, bring their children to class with sufficient diaper changes and bottles, participate in class in ways that are positive and socially accepted (no cursing, fighting or rudeness), they cannot smoke in the toymaking or child care areas or drink soda waters while volunteering in the child care, attend class every week in order to graduate, do their home visits once a month, volunteer 12 times in the day care, and not leave the class to go and check on their children. And the list goes one. High expectations are made of the parents from the onset and always reinforced. Conversely, the parent knows what to expect from Avance and Avance delivers. Within a disorganized environment these elements oftentimes are lacking in

the Avance families and account for ineffective parenting and other problems in their daily lives. It is essential for parents to internalize these key processes. Avance seizes every opportunity to model these desired thinking processes and behaviors for the parents.

KEYS TO SERVICE DELIVERY

Along with a high degree of STRUCTURE, Avance provides a lot of NURTURING to the parents. Participant mothers are held in high esteem and given a place of importance by the staff. Parents are made to feel that Avance cares about them, their children, about whether they come to class and are really learning. The Avance mothers must first experience being cared for before they can care for their children. Many of them did not feel loved and wanted as children and therefore are not able to demonstrate these emotions to their children. Avance helps mothers overcome these gaps in their experience.

Open COMMUNICATION and mutual RESPECT are also underlying principles of the Avance staff-client relationship. The parents are highly sensitive and observant. They can sense when they are WELCOMED and that the teachers consider their input and suggestions as important. The staff is never demeaning in any way with the clients. All of these non-tangibles pave the way for the services to be accepted and responded to by this high risk population with whom intervention usually does not succeed.

For the client, a typical day at Avance begins with the parent and child(ren) arriving at the Avance Center at 10:00.

If the parent lives within a three mile radius of the center, TRANSPORTATION is available. If a client chooses to transport herself or walk, she may do so. When the parent lives out of the immediate area, she is responsible for getting to the center. Transportation is a key factor in determining success of this program. Many parents are immobile because of all of the young children they must take with them everywhere. Using the public transporation system with three babies three years and younger is asking almost the impossible.

CHILDREN'S SERVICES

Upon arrival, all parents sign in the children who have come to class that day. They then proceed to take the child to his room.

The child care area is subdivided into three sections: infants, crawlers, toddlers. All of the child's belongings and the child himself are labeled before the parent departs for class. This is essential when you have volunteers helping keep within the acceptable adult-child ration. This year, the child caregivers consist of two fulltime and three stipend employees, plus all of the parent volunteers. Lesson plans are prepared for each section of children and carried out by the caregivers.

Pre-screening with the Denver Developmental Test is done with all children. When there is a borderline case or delay already appears, the child is referred for further evaluation. When a developmental delay is suspected, the staff talks with the parent to understand what has happened, why, and the prognosis. Oftentimes we have to go with the parent to have the child evaluated until which time the parent feels confident and comfortable enough to go by herself.

The greatest weakness of the children is within the area of language. Sometimes this is due to hearing loss caused by chronic ear infections. Upper respirations problems exist among many of the children which lead to more serious complications. Other language deficiencies are simply due to lack of experiences or sufficient opportunities for self expression. For this reason, language development is stressed in every component. With the children, language stimulation activities are continuously provided. The parents receive a unit or several 1 hour lessons on language development and stimulation. The toy making projects emphasize labeling and basic language concepts of size, shape, color, texture, function, spatial relationships, quantity, and time. The homevisits acknowledge the extent to which the parent is stimulating language development and eliciting verbal responses from the child. Parents soon learn that the pass-word at Avance is "talk to your child."

The child care area, like transporation, is also a must for client participation. These parents do not have anyone to leave their children with or simply do not go any where without their children. For many parents, it is the first time they leave their children under the care of someone else. For both parent and child, it is a painful process of separation which, fortunately, quickly heals when there is consistency and predictability. Both parent and child know what is going to happen and who will be with the child, and this soon becomes routine. This is a positive experience for both the child who is continuously left here and there without much concern and the child who is totally restricted from being left with anyone other than the mother.

The child care area is open just for program participants and only during the time that parents are in class. Although not licensed as a day care center, the Avance child care area complies with the required minimum standards.

Lunch is served to the children through the U.S.D.A. child care food program. This is also very important. Parents can see what constitutes a well-balanced meal and appropriate foods for young children which they can prepare at home. Introducing children to new tastes is accomplished with the food program. About one fifth of our children come to the center with hunger and this is the only meal they have in the whole day.

A separate child care area is good for both parents and child. For many of the parents it can be paralleled to respite care. It is the only time that they are physically away from their children and the exhausting demands on the parent made by a typical child, without worrying about them. It is the only time that parents have to communicate and interact with adults without being interrupted by a child or having to supervise children. It is a time for privacy for the parents to be with other adults like themselves. Also parents begin to realize what constitutes quality child care and can transfer this knowledge to other parts of their daily lives.

It is also healthy for the child to be exposed to other care-givers and children in positive ways that are cognitively and socially stimulating. Into the children's services, DAY CARE PRACTICUMS have been incorporated which serve several purposes. First, it allows client participants a chance to give something back to the program - their TIME. Parents are required to volunteer 12 times during the program year. Secondly, parents practice being

teachers to other children. Thirdly, parents can determine how children are alike and different and what is required to meet their needs. Parents may bring their child to the day care while conducting their practicums but parents must work with all ages of children.

PARENTS' CLASSES

Once the parent settles her children into the child care area, she proceeds to go to her class. The child always knows where his mother is, what she's doing (making him a toy), and that she will be coming back for him at a certain hour, and he will not see her until it is time to go home. Again, expectations, predictability, and consistency are reinforced.

The mother follows a specific routine in class also. At one of our parenting education centers the mother's classes are upstairs and the children's area is downstairs. At our other center, the mother's class is in the front part of the house and the children's area in the back part of the house. Both centers are located in a residential area and are housing quarters that have been converted into a center. When the mothers go upstairs to their class, its as though they were going up the stairs of their own apartment; when they go to the front part of the house, it's as though they were going into their living room. The environment is very familiar and non-threatening to the client. This we feel also contributes to high rates of participation.

As the parent gets into the classroom she signs in. This serves as an official record of attendance. On this form, the staff notes the dates, the toy made, the lesson covered, and any other comments.

TOY MAKING

By the time mothers come to class, a staff person, the Toy Instructor, has prepared a sample of the toy and cut some of the material. Since we only have 1 hour to finish the toy, much of that time is spent in assembling pieces and putting finishing touches on the toy.

The Toy Instructor reviews the process involved in making the toy: what kinds of materials, size, where you can buy it, and what still needs to be done.

Avance provides the materials to make 1 toy, and parents are encouraged to make more at home and even create new variations of it. All of the toy making projects have been compiled into a Toy Making Manual. This gives the materials needed, the directions, patterns, and appropriate age levels for using each toy. Every toy also contains a possibility sheet which covers what the child will learn from playing with the toy. The Toy Making Manual is available through Avance.

There are many toys which allow for parents to contribute materials such as cans, plastic milk jugs, broomsticks, baby food jar lids, formula cans, socks, scrap materials, etc. Parents can readily see how easy it is to make some nice educational toys with materials available in their home and which they can purchase at the local supermarket or discount store (e.g., markers, thread, contact paper, poster board, construction paper). The toy making class accesses homemade toys that are within their means.

Another thrust of the toy making class is on "learning through play." Parents become aware of how their children are learning basic concepts and skills while they play. This is done by reviewing the

Possibility Sheets. The importance of language labeling, sensory experiences, and parental modeling are continuously emphasized week in and week out. By including the modeling activities, parents begin to assume the teaching role at a more conscious level, deliberately attempting to stimulate purposeful learning.

These toys are presented to the parents as educational tools. If children master what is on the possibility sheets, they will develop a strong learning foundation. This type of learning foundation is congruent with what is expected from the child upon entering school. The child will be ready to learn the reading and math readiness materials presented at the preschool level. If he experiences success in school, he will learn to love school, learning, reading, academic achievements. When this happens, the child's self concept is positive, his self confidence is strong, his expectations of himself are high. This, or course, has strong implications for deceasing the likelihood of dropping out of school.

As parents are being sensitized to the importance of learning through play, they are simultaneously learning their role in this whole process: as teachers, facilitators, "cheerleaders." From these practices we can speculate that the likelihood of educational neglect is being decreased.

While expanding their parental role to include the stimulation of learning, parents are learning new ways of communicating with children: how to correct them in positive ways, how to express appropriate encouragement, support, and praise; how to spend quality, 1 to 1 time with their child. I say that parents are learning these skills because the majority of them did not experience this as children with their parents. This is all new to them; they are learning new parenting practices.

Sometimes parents may become a little too enthusiastic about teaching their children and want the child to accomplish tasks that are not appropriate for them or that they're not interested in doing. By videofilming the parent in a playing activity at home, the parent can see what he is doing with and to the child. He, himself, then determines how he needs to change.

Parents learn to follow their child's interest and set realistic expectations based on their child's developmental level and needs. This also helps in selecting or purchasing other toys for the child.

The toy-making classes not only enhance parenting skills but they also have some very positive psychological effects on the parents. For the first time in a very long time, parents feel a sense of accomplishment. They feel good and proud about something they have done. They become interested in learning how to do new things. They are not afraid of failure or rejection. The experiences encountered in the toy making class contribute to raising the parent's self-confidence, increasing her self esteem, and rebuilding her self concept.

The toy making class also allows for informal sharing with peers. Parents engage in conversation throughout the hour from very light to very heavy issues, from very funny to very sad. It is a time to ventilate, to relax, to interact, to spend time with friends.

Upon completion of the toy, parents are trained to put all materials away, discuss the possibility sheet, and prepare for class.

PARENTING EDUCATION

The next hour is spent in receiving a lesson in child growth and development. During this time, parents are expected to listen attentively, ask and answer questions, contribute to the discussion and apply what they are learning with their children. Many of them take notes.

Lessons are derived from the Avance Parenting Education Curriculum. These lessons cover the universals of early childhood education and child growth and development during the formative years. These lessons are sub-divided into 12 topics, 3 of which are covered as third hour activities, and nine are addressed in the class lecture. The 9 units are: 1) Overview of Effective Parenting, 2) Parental Expecations/Ages and Stages, 3) Socio/Emotional Needs of Children, 4) Behavior and Discipline, 5) Cognitive Needs and Learning, 6) Language Development, 7) Child abuse and Neglect, 8) Coping With Stress and 9) Children's Physical Needs and Nutrition. The other three units are: 1) Pre and Peri Natal Information, 2) Birth Control and 3) Pre-Reading Skills.

There are numerous manuals, college texts, curriculums, magazines, flyers, brochures with this very same information. What we have done at Avance is arranged it in ways which elicit responses from a high-risk population. Presented in appropriately contextual scenarios, the lessons contain numerous concrete, real-life situations that these parents are having with their children. The recommendations being made to parents and expectations are realistic for them and their particular familial and socio/economic situations. Transparencies are extensively used to visually depict scenes that are relevant to the families. Of significant consequences, is the fact that cultural

considerations, embedded and intermeshed within the traditional culture and culture of poverty, are the reference base for the curriculum.

Because parents readily recognize themselves in these situations and identify with the problems, much discussion is stimulated, solutions are generated, questions arise, new situations are posed. Parents absorb the information like sponges. Basic underlying principles are repeated throughout the year: effective communication, discipline, high, but realistic expectations, language stimulation, control over yourself, with your child, others, and the environment. By the time a parent completes the 9 months of lessons, he has, in essence, completed 2 semesters of college courses in child psychology and early childhood education.

Parents learn the content not only because they can relate to it, but the setting is inviting and conducive to learning. The classes are non-threatening, very open and frank, and project a message of support and encouragement. Parents realize they are not alone in their problems; there isn't something wrong with them or their children. Everybody else is experiencing the same or similar problems; everybody's kids are doing the same things as their child is doing.

THIRD HOUR ACTIVITIES

The typical Avance class day continues with a third hour activity. During that time anything and everything else that needs to be done is given some time. It may be a guest speaker from another agency which provides support services or resources for which the clients qualify. It may be a guest lecturer to touch upon a subject that is not covered

in the curriculum and yet is affecting the parenting role or family life. Once a month, the Nutritionist gives a lesson. A meal is prepared at the center and nutritional values are discussed. They also can have the nutritionist go into their home.

Once a month, parents go to the library. For the majority of the clients, it is the first time they go to the library, get a library card, and check out books. Parents take their oldest child with them to the library and can check out books for their children as well as for themselves. Again early experiences contributing to a strong learning foundation are facilitated. For the first time, parents begin to broaden their experiences through books. Mothers check out all kinds of books from astronomy to history to novels. We are amazed at how hungry they are for learning more about the world.

The third hour is also utilized for critiques of videofilms. These short vides are made of the parents interacting with their child in a playing activity. Each parent should have at least one film done monthly. Through the film, parents can see themselves and how their skills in communication, praise, and guidance are developing. The films are shown in class and discussed.

Occassionally the third hour activity is used for a field trip. For example, last week, the mothers attended a mini job fair at a nearby community center. At Christmas, they go to a mall to get ideas for Christmas decorations.

HOMEVISITS

The calendar is always full for the three hours spent at Avance once a week. Outside of the center, activities continue with scheduled visits in the home. A staff person, the home-visitor, schedules a visit with the parent to conduct an observation of a playing activity. One observation is made at the beginning of the month and a videofilm is made at the end of the month.

At the beginning of the year, many parents are apprehensive and resistant to what may be considered invasion of privacy. The homevisits are a lot to ask of participants. Ater all how many of us would be willing to be observed interacting with our child once a month for 9 months? The staff has to be very reassuring and prove that we are not there to judge or "turn them into the authorities." All we want to do is help develop and strengthen parenting skills and the relationship with the child. After the first few visits, the staff gets to prove its good intentions and gains the trust of the client. Once they accept the homevisits as part of the program, the clients are very good about their appointments and cooperate as much as possible. After a while both parent and child begin to look forward to being on "T.V." (the videofilm).

The homevisits and videofilms are the only visible means whereby Avance can determine how much progress is being made in the enhance-ment of parenting skills. There are other indicators of progress being made with the psychological being, such as greater interest in personal grooming and hygiene, of themselves and their children and inquiries into other opportunities for improvement. These can

be picked up when the client comes to the center. But what is really going on in the home with the child? The only way to find out is through the homevisits.

When the homevisitor does an observation, a checklist of parent-child activities is completed. The checklist is then reviewed with the parent. The information yields the child's interest/developmental level, basic concepts and skills being developed, responses of parents and children to each other, and other comments on the interactions. The same procedure is conducted orally with the videofilm.

Aside from meeting the needs of the program to evaluate client progress, the homevisits also serve to meet special needs of the participant. The one to one, private visit allows time for the client to confide in the staff person. Most of the time, the homevisitor just needs to be a good listener. Pressing problems may be brought to the forefront with which the homevisitor can assist--e.g. emergency food, housing, medical attention. Referrals can be made by the homevisitor. The homevisitor is also the field person who can determine why a client returns to class or not. This person is a key nurturer for the parent. If the parent really likes the homevisitor, she is more likely to come to class when reminded not to be absent.

ADDITIONAL SERVICES

Other center-based activities which significantly contribute to the model are whole group activities. These include going to the circus (with free tickets provided by the Shriners), a Halloween

Parade, a Thanksgiving Banquet, a Christmas Party, going to the Zoo, an Easter picnic at the park, and Graduation.

Aside from having money to rent a bus twice a year, the Avance budget does not pay for expenses incurred in making these special events possible. The staff all play some role in obtaining donations, monetary contributions, and/or volunteers. This may appear as a nice gesture on our part to have a "little something extra or special for the families." That "little something" translates into staff putting in many extra hours for mammoth projects.

It means getting food donations to feed 120 adults and their children and items for chicken salad at Halloween, Turkey dinner at Thanksgiving, Tamales at Christmas, hot dogs at Easter, and cookies and punch for 500 at Graduation. It means scrounging around for materials to make little personal gifts for the moms at Christmas, Valentine's Day, and Mother's Day. It means begging for Halloween and Easter candy.

The staff also gets a lot of support from the participants. They bring in wrapped candy, baked goods, frijoles (beans), arroz (rice), the side dishes for the turkey. All in, all, its a lot of work but it makes a difference.

CONCLUSION

Through these classes, parents are able to see their deficiences or weakness in knowing and dealing with children. They recognize that parenting is a set of learned skills which they internalized from their parents. If weaknesses are present it is through no fault of their own. As a result of being exposed to new information

that they can apply (sometimes with a lot of determination and persistence), their aspiration levels rise and new hopefulness occurs. With the new information, parents are given a chance to change the present and the future. By changing their parenting behaviors now, they better the future of their child. Although coming from improverished backgrounds, these parents are motivated to change the course of events for themselves and the destiny of their children. They want their children to succeed in school and to have a decent, well paying job: they, like the rest of us, also want to have a good family life.

The Avance philosophy on how programs should be administrated has been embodied throughout this paper. After 12 years experience, it is contended that this philosophy has proven to be effective in addressing the specific problems and conditions which impede effective parenting among a high risk community.